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Date of Transmission: August 8, 2003

Name of Person

Making Transmission: Karen Cing-Mars

Signature: *Karen Cing-Mars* 8/8/03

DOCUMENT(S) FAXED: (MARKED WITH X)

6 PAGES ATTACHED

Re Applic of	Deligianni et al.
Docket No.	FIS9-2001-0395
Serial No.	10/035,840
Filing Date	12-31-01
Attorney	Joseph P. Abate

Attached: Amendment & Response to Restriction Requirement

PLEASE DELIVER TO:

EXAMINER: **Lincoln D. Donovan**
ART UNIT: **2832**
PHONE NO: **703-308-3111**
FAX NO: **703-872-9318**

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INTERNATIONAL BUSINESS MACHINES CORPORATION

Intellectual Property Law
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Hopewell Junction
New York 12533-6531

Fax: 845-892-6363
Phone: 845-894-4633

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AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Deligianni et al.

Docket No.
FIS920010395US1Serial No.
10/035,840Filing Date
12-31-01Examiner
Lincoln D. DonovanGroup Art Unit
2832

Invention: LATERAL MICROELECTROMECHANICAL SYSTEM SWITCH

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

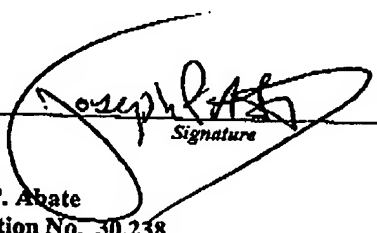
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0458
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

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Dated: 8-8-03 AUG 8 2003

TECHNOLOGY CENTER 2800


Signature
Joseph P. Abate
Registration No. 30,238
Telephone No. 845-894-4633
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8/8/03

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